Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Inland Empire Health Plan

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California Department of Health Services

Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Inland Empire Health Plan

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Inland Empire Health Plan to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well Inland Empire Health Plan performs in the areas of quality, access, and timeliness from a HEDIS performance, member satisfaction, quality improvement project and systems performance review perspective, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Inland Empire Health Plan's (IEHP) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version, 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on Inland Empire Health Plan

Inland Empire Health Plan (IEHP) is a full service, not for profit health plan contracted in Riverside and San Bernardino counties as a local initiative (LI) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since July 22, 1996. As of July 2003, IEHP's total Medi-Cal enrollment was 232,004 members. During the HEDIS reporting year of 2004, Inland Empire Health Plan collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations.
- Breast Cancer Screening.
- Cervical Cancer Screening.

- Chlamydia Screening.
- Use of Appropriate Medications for People with Asthma.

To assess member satisfaction with care and services offered by Inland Empire Health Plan, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom Inland Empire Health Plan provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding of whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, IEHP submitted the following for review:

- Increasing Utilization of Adolescent Health Care Service
- Asthma Collaborative
- Diabetes Mellitus Management
- Improving Authorization Time for Pharmacy Exemption Request

The health plan systems review for IEHP reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from November 2001 to October 2002 and was conducted November 4-7, 2002. This process includes document review, verification studies, and interviews with IEHP staff.

These activities assess compliance in the following areas:

- Utilization Management.
- Continuity of Care.
- Availability and Accessibility.
- Member Rights.
- Quality Management.
- Administrative and Organizational Capacity.

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review, covering services provided from October 2003-November 2004, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by IEHP, as well as its marketing practices.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report.
Table 1 shows the aggregate results obtained by IEHP.

Table 1. 2004 HEDIS Quality Measure Results for Inland Empire Health Plan

HEDIS Measure	2004 IEHP Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status	70.8%	64.7%	61.8%
Breast Cancer Screening	52.0%	53.1%	55.8%
Cervical Cancer Screening	71.1%	60.8%	63.8%
Chlamydia Screening in Women	30.2%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	63.7%	61.0%	64.2%

Inland Empire Health Plan (IEHP) exceeded the Medi-Cal managed care average for three HEDIS measures and fell below the Medi-Cal managed care average for two HEDIS measures. The "Childhood Immunization Status" measure was several percentage points higher than both comparison averages. The "Use of Appropriate Medications for People with Asthma" measure result for IEHP exceeded the Medi-Cal managed care average although it fell slightly below the National Medicaid HEDIS average. Within IEHP's improvement strategy, prioritization of interventions to improve breast cancer and Chlamydia screening are likely to improve the results to meet the Medi-Cal averages for these measures.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of IEHP enrollees regarding their satisfaction with care. Also surveyed was a subset of the IEHP childhood population, children with health care special needs (CSHCN). They are reflected by the CSHCN notation in Table 2. The non CSHCN reflects the parents' response for children in the IEHP population not identified as having chronic care needs.

Table 2. 2004 CAHPS Quality Measure Results for Inland Empire Health Plan

CAHPS Measure	Population	2004 IEHP Rate	2004 Medi Cal Average
Getting Needed Care	Adult	65%	69%
	Child	73%	77%
	CSHCN	67%	N/A
	Non-CSHCN	77%	N/A
How Well Doctors Communicate	Adult	45%	51%
	Child	53%	52%
	CSHCN	51%	N/A
	Non-CSHCN	55%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for children as compared to adults. The IEHP adult and child rates fell below the Medi-Cal managed care average. Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with "Getting Needed Care" than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for IEHP's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that IEHP members perceive that there are opportunities for improvement in practitioner communication. The IEHP adult rate for this measure fell below the Medi-Cal managed care average (45% versus 51%). The finding that the CSHCN population has a slightly different rate of satisfaction with communication as Medi-Cal children leads to the belief that practitioners may differentiate in their communication style between the two groups. Additionally, IEHP adults are generally less satisfied with the communication skills of practitioners compared to the parents of the children.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), IEHP used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted IEHP's success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by IEHP can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by IEHP.

Improving Access to Adolescent Well Care Services

Increasing Utilization of Adolescent Health Care Services

Relevance:

- Adolescents who are Medicaid or State Child Health Insurance Program (SCHIP) eligible have higher rates of death, illness, and health risk behaviors in almost every category studied.

Goals:

- Increase the number of adolescent well care visits.

Best Interventions:

- NA: interventions are being implemented in 2005.

Outcomes:

- N/A: baseline measurement.
- Attributes/Barriers to Outcomes: N/A: baseline measurement.

Asthma Collaborative

Relevance:

- Collecting data for the common measures of collaborative.

Goals:

- To provide a home visit by a registered nurse with the contracted agency to all asthmatic children ≤ 12 who are stratified by the telephone intake as a level 3 or based on clinical judgment by the HM asthma nurse (as assessed by responses to specific intake questions.

Best Interventions:

- Provide a full intake and home visit on all level 3 children =12 years of age recently discharged from the ED or hospital.
- Provide a pharmaceutical analysis to 100% of the providers identified as having members that are age =12 years of age, recently discharged from the ED or hospital within the last rolling 90 days to determine if a long term controller is being used.
- Supply all providers identified as having members =12 years of age that have been recently discharged from a hospital or ED with a standardized provider education toolkit.
- Provide a medical chart audit and education to 100% of providers with members =12 years of age, recently discharged from the ED or hospital within the last rolling 90 days that were identified through the pharmacy analysis as to not providing long term controllers.

Outcomes:

- 50 to 100% of children < / = 12 years who ere stratified as level three acuity or assessed to be level three acuity by the asthma nurse received a home visit. (Denominator at any given measurement period was not greater than five.)

Attributes / Barriers to Outcomes:

- Barrier: Getting the toolkits distributed to providers timely.
- Barrier: Resistance of providers to the pharmacological profile.
- Barrier: Adequate staff for the education of providers on the toolkit and proper medication management of children with asthma.
- Barrier: Parents do not always consent to home visits.
- Barrier: Providers do not always value the home visits.

Diabetes Mellitus Management

Relevance:

- Within IEHP's population, diabetes has consistently been among the top four primary diagnoses for adult medical encounters and among the top fifteen primary diagnoses for adult hospital admissions.

Goals:

- Increase the percent of Medi-Cal members with diabetes who receive retinal exams, hemoglobin A1c testing and lipid (LDL-C) screening.

Best Interventions:

- Members are reminded by telephone and mailings to obtain retinal exams, HgbA1c testing, foot exams, screening for microalbuminuria, LDL-C screening and other care at recommended intervals.
- Quality Management Committee approved the clinical practice guideline for diabetes.
- Launched IEHP Diabetic Eye Exam Incentive Program for members and vision practitioners.

Outcomes:

- The HbA1c performance rate improved from 68.74% to 73.48%.
- The LDL-C Screening rate improved from74.94%to 84.18%.
- The nephropathy screening rate improved from 42.00% to 53.28%.
- The diabetic retinal exam rate improved from 54.89% to 57.42%.
- The glucose self-monitoring rate improved from 63.45% to 69.47% for oral and 80.29% to 83.95% for insulin.
- The rate of diabetics on ACE inhibitors or ARBs increased from 79.70% to 82.64%.

Attributes/Barriers to Outcomes:

- Barrier: Practitioners are not aware of the educational opportunities available for members.
- Barrier: Practitioners need additional decision support for managing the care of patients with diabetes.
- Barrier: More case management involvement is necessary to improve outcome.
- Barrier: Physicians are not aware of the treatment guideline updates relating to the treatment and management of diabetes.
- Barrier: Physicians are not compliant with the treatment guidelines.
- Barrier: Physicians and optometrists need to be reminded that annual DREs are both clinically recommended and a standard medical benefit.
- Barrier: Members are not aware of guidelines for self-monitoring.

Improving Authorization Time for Pharmacy Exemption Requests (PER)

Relevance:

- Prior authorization is an integral part of the overall clinical management and cost management activities of prescription drugs.

Goals:

- Identify delays in the PER authorization process, identify opportunities for improvement in an effort to reduce the PER processing turn-around time, improve member service and care delivery.

Best Interventions:

- Allow providers to submit PERs via the IEHP website.
- Make IEHP formulary available online. This would enable clinicians to download the formulary onto their handheld devices.
- Implement faxing software system that will enable the Pharmaceutical Services department to receive faxes electronically.
- Provide a list of the medication profiles to each PCP for their assigned members via the IEHP website.
- Provide a list of medication profiles to IPA medical directors and case managers for their assigned members via the IEHP website.

Outcomes:

- Increase in the rate of PERs per 1000 members from baseline to first re-measurement.
- Increase in the percentage of PERs processed that required greater time than one working day.
- Slight increase in the number of grievances related to PERs per 10,000 members.

Attributes/Barriers to Outcomes:

- Barrier: Many pharmacists and practitioners are not aware of the PER process and need additional information.
- Barrier: IEHP formulary needs to be more readily accessible to practitioners.
- The staffing level in IEHP's pharmaceutical services department has a direct correlation to the turn around time needed to process PERs.

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- IEHP

Health Plan	QIP Activity	Indicator	Baseline	Re measurement
Inland Empire	Increasing Utilization of Adolescent Health Care Service	Percentage of members who had at least one comprehensive well care visit	Not reported	
		Percentage of providers indicating a high degree of satisfaction with the adolescent health educational materials sent by IEHP	Not reported	
	Asthma Collaborative	Number of members with asthma	Not reported	
		Asthma –related hospital admissions per year for members with asthma	Not reported	
		Appropriate use of medications for people with asthma	Not reported	
	Diabetes Mellitus Management	Proportion of diabetic members receiving an HbA1c	2002 68.74%	2003 73.48%
		Proportion of diabetic members receiving an LDL-C screening	74.94%	84.18%
		Proportion of diabetic members receiving a screening for nephropathy	42.00%	53.28%
		Proportion of diabetic members receiving an annual dilated retinal exam	54.89%	57.42%
		Proportion of diabetic members performing self-monitoring of blood glucose as necessary	Oral= 63.45% Insulin=80.29	Oral= 69.47% Insulin=83.95
		Proportion of diabetic members receiving anti-hypertensive medications who are being prescribed ACE inhibitors or ARBs as recommended by clinical guidelines	79.70%	82.64%

Health Plan	QIP Activity	Indicator	Baseline	Re measurement
	Improving Authorization Time for Pharmacy Exemption Request (PER)	PERs per 1000 members	2002 15.20 PERs per 1000	2003 18.50 PERs per 1000
		Percentage of PERs processed in more than 1 working day	15.35%	32.36%
		Number of grievances related to PERs per 10,000 members	0.05 PER grievances per 10,000	0.06 PER grievances per 10,000

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, IEHP was assessed specifically in the following areas:

Quality Management Review Requirements

- Qualified Providers.
- Program Description and Structure.
- Administrative Services.
- Delegation of QIP Activities.

Member's Rights

- Grievance Systems.

Continuity of Care

- Coordination of Care: Within the Network.
- Coordination of Care: Outside the Network/Special Arrangements.
- Initial Health Assessment.
- Referral Follow-Up Care System.

IEHP was found to have opportunities for improvement related to the quality management program description and structure Element 5.2.3, delegation of QIP activities, (element 5.4.1) and grievance systems (element 4.1.1 and 4.1.2) As well, opportunities for improvement were identified with coordination of care outside the network and for special arrangements and initial health assessments. IEHP addressed issues identified in the Quality Management Review Requirements and implemented corrective action to address deficiencies.

Summary of Quality

In summary, IEHP Health Plan demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee

access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for these measures; Timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for Inland Empire Health Plan

HEDIS Measure	2004 IEHP Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	81.0%	75.7%	76.0%
Postpartum Check-up Following Delivery	58.4%	55.7%	55.2%

Inland Empire Health Plan (IEHP) exceeded the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results demonstrate that this is an area of strength for IEHP.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5. 2004 CAHPS Access Measure Results for Inland Empire Health Plan

CAHPS Measure	Population	2004 IEHP Rate	Medi Cal Managed Care Average
Getting Care Quickly	Adult	27%	35%
	Child	37%	38%
	CSHCN	33%	N/A
	Non-CSHCN	39%	N/A

Findings from 2004 indicate that IEHP scored below the Medi-Cal Managed Care average for both adult and child in this measure. However, of greater importance is the fact that children with chronic care needs (CSHCN) have less satisfaction with access than IEHP's Medi-Cal children's population. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care

population is less satisfied with their ability to obtain routine care and when they perceive a more urgent need, they are not necessarily better able to obtain care compatible with their expectations. We can infer from these results that there may be opportunity for improvement in the area of access.

Quality Improvement Projects

Although Inland Empire Health Plan performed only one quality improvement project that addressed access directly, IEHP assessed access as a component of each QIP. The QIP, Improving Authorization Time for Pharmacy Exemption Requests, address both access as well as timeliness. Efforts to improve access to care through pharmaceutical enhancements to address exemption requests demonstrate that IEHP is aware that the process for pharmacy exemptions presented an access barrier to improved care through pharmaceutical means.

The commitment to enhance access to care delivery is demonstrated in the postpartum QIP. The improvement from baseline measure to the last re-measurement period is substantial. Although the Initial Health Assessment QIP has no re-measurement data at this time, the EQR anticipates improvement due to the diligence of IEHP to improve access to care delivery.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2001 to 2002 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

Member's Rights

- Cultural and Linguistic Services.
- Primary Care Physician.

Availability and Access

- Access to Medical Care.
- Access to Emergency Services.
- Access to Pharmaceutical Services.
- Access to Specific Services.

After completion of the review, DHS/DMHC, identified opportunities in the area of access to medical care, emergency services and specific services. Additionally, deficiencies were identified related to primary care physician requirements. To address these opportunities, DHS/DMHC conducted oversight of IEHP's corrective action process. IEHP addressed recommendations related to Access Review Requirements and implemented corrective measures.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access, IEHP identified and addressed areas where the health plan displayed vulnerability and corrected the identified issues in order to comply with the access standards required by DHS/DMHC.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for Inland Empire Health Plan

HEDIS Measure	2004 IEHP Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	63.2%	48.7%	45.3%
Adolescent Well-Care Visits	44.0%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	No reported cases	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	No reported cases	33.1%	N/A

Both HEDIS measures for timeliness exceeded the Medi-Cal managed care average and the National Medicaid HEDIS average. When looking at this data compared to the HEDIS childhood immunization results for IEHP, it is explicable that the rates are found to be high for both measures (Childhood Immunization Status and Well Child Visits in the First 15 Months of Life- 6 or more visits). This may indicate that since practitioners performed a higher rate of child visits, childhood immunization rates may be

higher in return. This may indicate that practitioners are not missing opportunities to immunize children. These measures of timeliness demonstrate an area of strength for IEHP.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7. 2004 CAHPS Timeliness Measure Results for Inland Empire Health Plan

CAHPS Measure	Population	2004 IEHP Rate	2004 Medi Cal Average
Courteous and Helpful Office Staff	Adult	47%	54%
	Child	55%	53%
	CSHCN	57%	N/A
	Non-CSHCN	56%	N/A
Health Plan's Customer Service	Adult	75%	70%
	Child	73%	73%
	CSHCN	62%	N/A
	Non-CSHCN	82%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. Inland Empire Health Plan (IEHP) adult members find office staff less helpful when compared to the general Medi-Cal population (47% versus 54%). However, the IEHP child rate for this measure exceeded the Medi-Cal average (55% versus 53%). If staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care. It is noteworthy that parents of children with chronic care needs find office staff more courteous and helpful than Medi-Cal enrollees. This is important as this population often requires more guidance from office staff in order to avoid crisis care management. Inland Empire Health Plan (IEHP) adult members generally find health plan customer services staff more helpful than the child and CSHCN population. The CSHCN population is likely to require more information related to direct medical care, yet these results illustrate that this may not be evident. This information is likely to be better provided by the medical office staff. The adult rate exceeded the Medi-Cal average (75% versus 70%). The results indicate that there are some areas that may be targeted for improvement in the area of timeliness.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPs**.** Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. IEHP used a variety of mechanisms to address timeliness, including sending birthday card reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the

practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Inland Empire Health Plan performed one QIP, Improving Authorization for Pharmacy Exemption Requests, where the focus was specifically timely processing of the pharmacy exemption requests. Recognition by the health plan that delays in pharmacy processing impacts care delivery and ultimately the health of the member is evidence that IEHP understands the importance of timely service delivery. This QIP also demonstrates that IEHP acknowledges the relationship between timeliness and access. If care or service cannot be obtained (a measure of access), timely provision of the needed service is unlikely. Thus, IEHP demonstrates an understanding of the importance of timely care delivery in the overall provision of quality health services.

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2001-2002 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

Utilization Management

- Prior Authorization Review Requirements.
- Prior Authorization Appeal Process.

DHS/DMHC assessed timeliness review requirements and identified no opportunities for improvement in the prior authorization review requirements and prior authorization appeal process.

Summary for Timeliness

Timeliness barriers are often identified as access issues. IEHP directly addressed timeliness in one of its QIPs and indirectly addressed timeliness through identification of barriers in the other QIP activities. Each HEDIS-related quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Thus, demonstration of the attribute of timeliness to the overall importance of high quality care is recognized and addressed as part of the strategy to improve quality of care for enrollees.

Overall Strengths

Quality:

- Commitment of IEHP management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- Excellence in improvement of all indicator measures in the diabetes care activity.
- Clear, concise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- IEHP scored above the Medi-Cal average as well as the National Medicaid average for the access to prenatal and postpartum care.
- Recognition that access to care and services impacts the overall quality of care.
- Timeliness.
- IEHP exceeded both the Medi-Cal average as well as the National Medicaid average for 15 month childhood visits as well as adolescent well care rates.
- IEHP's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Continue to work to improve access to improve member's satisfaction with access as evidenced by improved access satisfaction scores during the next CAHPS survey.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective in attaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members' perceptions of their ability to access care when needed has an impact upon the actual receipt of timely care or service.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.

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